

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0661-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/725,309
Filing Date	December 1, 2003
First Named Inventor	Rong Chang
Art Unit	
Examiner Name	
Attorney Docket Number	YOR920030495US1 (8728-883)

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 48069 → 46069

OR

<input type="checkbox"/> Firm or Individual Name	Frank V. DeRosa				
Address	F. CHAU & ASSOCIATES, LLC				
Address	130 WOODBURY ROAD				
City	WOODBURY	State	NY	Zip	11797
Country	US				
Telephone	516-692-8888	Fax	516-692-8889		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 46,041
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Rafael Perez-PiropoSignature [Signature]Date 7/27/05

Telephone (914) 945-2831

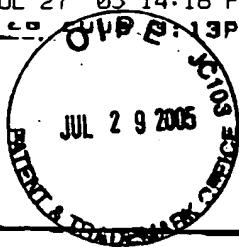
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

Rong Chang

Application No.

10/725,309

Filed:

December 1, 2003

Title:

SYSTEM AND METHOD FOR PROVIDING A COMMUNICATION SESSION

Attorney Docket No.

YOR820930485

Art Unit:

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Frank Chau Frank V. DeRose Michael F. Morano	Reg. No. 34,136 Reg. No. 43,584 Reg. No. 44,952

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	Rafael Perez-Rivera	Date	7/27/05
Signature		Telephone	(914) 945-2631
Registration Number	48,041		

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.